



PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE	FIRST NAME OF INVENTOR	ATTORNEY INDEXING NO.	CONFIRMATION NO.
10719792	11/21/2008	David A. Monop	07-0167	2942

TITLE OF INVENTION: METHOD FOR INCORPORATING FACIAL RECOGNITION TECHNOLOGY IN A MULTIMEDIA SURVEILLANCE SYSTEM

APPL. FEE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREP. FEE ISSUANCE	TOTAL FEE DUE	DATE DUE
Unreduced	YES	\$755	\$300	\$0	\$1055	10/23/2009

EXAMINER	ART UNIT	CLASS SUBCLASS
TRACRE, FATOLMATA	5136	711-186000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.332). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO 501/22) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO 501/22 Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for registration as set forth in 37 CFR 1.11. Completion of this form is NOT a requirement for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s) (Please first supply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2015 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 52-9128. (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated in Block 4a): <input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. <input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature: <u>[Signature]</u> Typed or printed name: <u>John P. Hunt</u>	Date: <u>October 1, 2009</u> Registration No.: <u>52-9128</u>
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